DCH/LDN-506 (03/06)

Michigan Department of Community Health
Board of Dentistry
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

DENTAL ASSISTANT LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Dentistry. Questions regarding your application can be directed to the Michigan Board of Dentistry at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INSTRUCTIONS:

Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application. Please provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.

REGISTERED DENTAL ASSISTANTS

1. Submit the application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.

2. A FINAL, OFFICIAL transcript from the ADA accredited dental assisting educational program you attended must be sent to this office directly from your school as soon as it is available. Applicants desiring to be scheduled for the Michigan RDA examination before the actual graduation date must graduate within 45 days of the examination. The RDA registration will NOT be issued until a final transcript is received that shows the date you graduated from the RDA program. A letter that verifies the graduation date must be received in this office directly from the Director of the program.

   NOTE: Dental Assistants may be scheduled to sit for the RDA Examination if they have graduated from a program that has been accredited by the American Dental Association and approved by the Michigan Board of Dentistry for the teaching of expanded duties as described in Board rules for the year in which the applicant graduated.

3. Please attach proof of current CPR certification to your application.

4. If you graduated from an approved RDA educational program prior to March 2004, you must complete an additional 35 hours of clinical and didactic instruction in expanded functions. You must have the Program Director from the approved RDA program where you took the additional training complete the enclosed Verification of Training form or provide other Board-approved equivalent documentation. The Program Director must send the completed form to the Board office.

5. You must pass the Michigan Written and Clinical RDA Examination. To be made eligible for the RDA examination, the above information must be received in this office no later than 30 days before the scheduled exam date. Examination and deadline dates may be obtained by calling (517) 335-0918 or by accessing our website at www.michigan.gov/healthlicense.

LIMITED LICENSE

The Public Health Code of Michigan (1978 PA 368, as amended) provides that the Michigan Board of Dentistry may grant the following types of limited licenses:

1. Educational Limited License - to a person who is enrolled in postgraduate education.

2. Non-clinical Academic Limited License - to a person who functions ONLY in a non-clinical academic, research or administrative setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry, or otherwise solicit patients.

3. Clinical Academic Limited License - to a person practicing only in a clinical academic setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry, or otherwise solicit patients.

The Board of Dentistry Administrative Rules and procedures require the submission of the following for each type of limited license:

1. Proof of graduation (official transcript) from an ADA approved dental assistant program OR a certified copy of the diploma and transcript from an unapproved school of dental assistant. The latter shall be translated into English, if necessary.
2. Name, address and division/department of institution in which the applicant is being employed/enrolled;
3. Name, degree and title of applicant's supervising dentist;
4. Description of duties, responsibilities or courses of the applicant; and
5. Beginning date of employment or the beginning and anticipated ending date of the education program.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Dentistry in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Dentistry in writing to request a refund.

3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.

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APPLICATION FOR A REGISTERED DENTAL ASSISTANT LICENSE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

Board Use Only
License Number
Date of Licensure

I AM APPLYING FOR THE FOLLOWING:

- ❒ **Registered Dental Assistant License and Examination Fee: $100.00 71-2903-01**
- ❒ **Registered Dental Assistant Clinical Academic License Fee: $30.00 71-2903-03**
- ❒ **Registered Dental Assistant Non-Clinical Academic License Fee: $30.00 71-2903-03**
- ❒ **Registered Dental Assistant Educational Limited License Fee: $20.00 71-2903-05**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name

U.S. Social Security Number	Date of Birth	Daytime Telephone Number ( )

Street Address

City	State	ZIP Code

All Previous Names and/or Birth Name Used (if applicable)	When taking the RDA Clinical Exam, do you need a left-handed dental chair? ❒ Yes ❒ No

Have you ever held a health professional license in Michigan?

❒ No ❒ If yes, list Michigan permanent I.D./license number and expiration date: _____

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. **Have you ever been convicted of a felony?**	❒ **Yes**	❒ **No**
2. **Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?**	❒ **Yes**	❒ **No**
3. **Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?**	❒ **Yes**	❒ **No**
4. **Have you been treated for substance abuse in the past 2 years?**	❒ **Yes**	❒ **No**
5. **Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?**	❒ **Yes**	❒ **No**
6. **Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?**	❒ **Yes**	❒ **No**

Name

7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No

8. Do you hold or have you ever held a dental assistant license in any state? ☐ Yes ☐ No
List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

Please provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance From	To	Degree

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

Michigan Department of Community Health
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P.O. Box 30670
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VERIFICATION OF 35 HOURS OF EXPANDED FUNCTIONS TRAINING

Authority: Public Act 368 of 1978, as amended

SECTION I - APPLICANT INFORMATION

Applicant Please complete the information in Section I and mail this form to the school where you obtained the 35 hours of expanded functions training.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

Applicant's Signature	Date

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE PROGRAM DIRECTOR FOR COMPLETION OF SECTION II.

THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR

INSTRUCTIONS FOR COMPLETING SECTION II:

The applicant listed on previous page must verify the completion of 35 hours of expanded function training. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Dentistry at the address shown on page 1 of this form.

SECTION II - VERIFICATION OF TRAINING

Name of School		Telephone Number
Street Address		
City	State	ZIP Code
Dates of Training From: To:		

CERTIFICATION

I certify that _____ has completed instruction
(Applicant's Name)

that includes:

A course in assisting and monitoring the administration of nitrous oxide analgesia that includes a minimum of 5 hours of didactic training in

_____ Nitrous oxide analgesia medical emergency techniques

_____ Pharmacology of nitrous oxide

_____ Nitrous oxide techniques

A minimum of 20 hours of didactic instruction and a measurement of clinical competency in

_____ Taking final impressions

_____ Placing, condensing & carving amalgam restorations

A minimum of 10 hours of didactic and clinical instruction in

_____ Performing pulp vitality testing

_____ Placing and removing matrices and wedges

_____ Applying cavity liners and bases

_____ Placing and packing nonepinephrine retraction cords

_____ Applying desensitizing agents

_____ Taking impressions for orthodontic appliances, mouth guards, bit splints, and bleaching trays

_____ Drying endodontic canals with absorbent points

_____ Etching and placing adhesives prior to placement of orthodontic brackets

_____ _____
Authorized Signature (Dean, Registrar, etc.) Date

_____
Type or Print Name and Title

(S C H O O L S E A L)

DCH/HLD-001 (02/06)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

☐ Audiology	☐ Medicine	☐ Osteopathy	☐ Psychology
☐ Chiropractic	☐ Nursing	☐ Pharmacy	☐ Respiratory Therapy
☐ Counseling	☐ Nursing Home Adm.	☐ Physical Therapy	☐ Sanitarians
☐ Dentistry	☐ Occupational Therapy	☐ Physician's Assistants	☐ Social Work
☐ Marriage & Family Therapy	☐ Optometry	☐ Podiatry	☐ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	**Date of Birth**	**U. S. Social Security Number**
State Board	**License Number**	**Date of Issue**

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date

Basis for Issuance of License:

☐ Examination - Please indicate type of exam (National, Regional, State, etc.) _____

☐ Endorsement - Please indicate name of state _____

License Status	Has the applicant incurred any formal or informal actions in your State?
☐ Current ☐ Lapsed ☐ Inactive	☐ No ☐ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
☐ No ☐ Yes	☐ No ☐ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

_____ _____
Signature **Date**

_____
Type or Print Name

(S E A L)

_____
Title

_____
Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

REGISTERED DENTAL ASSISTANT EXAMINATION BROCHURE

For Administration of Examinations BEGINNING

May 2006

GENERAL INFORMATION

The examination to become a Registered Dental Assistant is designed to test basic knowledge and skills. Only graduates of a dental assisting training programs approved by the Michigan Board of Dentistry (program must be ADA approved) are eligible to take this examination.

SPECIAL ACCOMMODATIONS

If you will require special testing accommodations because of a disability, you must submit a written request indicating the accommodation(s) requested and your disability to ADA Request, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909. This request must be received by the examination application deadline. Documentation including a written diagnosis, complete test results and recommended accommodations from a qualified health professional familiar with the disability is also required. We also need a letter from school personnel verifying the accommodations made during your education. NOTE: Language barriers are not considered a disability.

EXAMINATION INFORMATION

The examination will be given in two parts. The Clinical portion of the exam will take approximately 4 hours to complete, including the time for the Clinical orientation. The clinical orientation and cubicle set-up takes approximately 1.5 hours. You will have exactly 2.5 hours to complete the Clinical Examination once it begins. The Written portion of the exam will be given on the same day. You will have 2 hours to complete the Written Examination. Exact reporting times for each part of the examination the candidate is scheduled to take will appear on the examination admission letter.

In accordance with Departmental refund rules and policy, if you wish to withdraw from an examination for which you are scheduled, you must inform the Department **IN WRITING**. In order to receive a **PARTIAL** refund of the examination fee, your written request to withdraw from the examination must be received by the Department **AT LEAST SEVEN (7) DAYS** prior to your scheduled examination. After this time period, the entire examination fee is non-refundable if you fail to appear or are denied admission to the examination.

ADMISSION TO CLINICAL EXAMINATION

All candidates are expected to appear at the designated site on time and in appropriate clinical attire. This includes a long sleeved lab coat or gown. Caps are not required.
Each candidate **must** present at the examination site:

1. one piece of official identification with the candidate's picture and signature,
2. the Examination Admission Letter sent to the candidate by the Michigan Board of Dentistry, and
3. proof of professional liability coverage with the name of the insurance carrier and policy number (only for candidates taking the Dental Dam section of the examination).

Each candidate must bring the required equipment and supplies and a patient if they are taking the Dental Dam section of the Clinical Examination.

ADMISSION TO WRITTEN EXAMINATION

Before admission to the Written Examination, each candidate **must** present:

1. one piece of Official Identification with the candidate's picture and signature, AND

2. the Examination Admission Letter sent to the candidate by the Michigan Board of Dentistry.

3. several sharpened #2 pencils to use for the written exam.

SCORING

The passing score on the Written Examination is 75%. Candidates who pass the examination will only receive a notice of "PASS". A numeric score will not be provided. Candidates who fail the Written Exam will receive a numeric score and a breakdown of their performance to aid in preparing for re-examination.

Candidates taking the Clinical Examination will receive a score of either PASS or FAIL for each of the three required skills (dental dam, temporary crown, amalgam restoration). Each skill will be scored using the Evaluation Criteria listed in this brochure. If a candidate satisfactorily performs the required tasks for each skill, the candidate will pass the skill. If all skills are satisfactorily performed, the candidate will pass the Clinical Examination.

IRREGULARITIES

No reference materials may be utilized during the Written Examination. A container for equipment and supplies may be brought to the Clinical Examination. Candidates may refer to this brochure during the clinical examination. In the case of cheating, observation of direct exchange of materials between candidates, the use of prohibited materials by the candidate, or proof that the person appearing is not the applicant, the person will be removed from the examination site, and the applicant will not be rescheduled for the examination for at least one (1) full year.

RE-EXAMINATION

In the case of failure or disqualification on any part or section of the examination, the candidate may re-apply to take the failed part or section at the next regularly scheduled Written or Clinical Examination. A re-examination application will be sent to the candidate. This application must be returned to the Board of Dentistry with the appropriate fee made payable to the "State of Michigan."

Time allotments on re-exams for the Clinical Examination are as follows:

Dental Dam Application and Removal	60 minutes
Placement of Temporary Crown	30 minutes
Amalgam Restoration	60 minutes

If you did not pass the Temporary Crown or the Amalgam Restoration, your model will be available for you at your re-examination. However, the teeth that were used at the first examination will be removed and you will be required to bring new teeth with you.

MICHIGAN BOARD OF DENTISTRY RULES

R338.11241 - Registered dental assisting licensure candidate who fails the clinical or comprehensive examination twice; requirements before re-examination.

Rule 1241

1. Before being permitted to retake the clinical examination, a registered dental assisting licensure candidate who sustains two (2) successive failures in the clinical examination shall be required to meet both of the following requirements subsequent to the last examination failed:

    a. The candidate shall present evidence of additional education consisting of a minimum of twenty (20) hours of board-approved instruction, which shall be both didactic and clinical, in a school approved by the board.
    b. The course shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

2. Before being permitted to retake the written examination, a registered dental assisting licensure candidate who sustains two (2) successive failures in the written section of the examination shall be required to meet both of the following requirements subsequent to the last examination failed:

    a. The candidate shall present evidence of additional education consisting of a minimum of twenty (20) hours of board-approved instruction in a school approved by the board.

    b. The course shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

R338.11245 Registered dental assisting licensure candidate who fails the examination three (3) times; requirements before re-examination.

Rule 1245 Before being permitted to retake the examination, a registered dental assisting licensure candidate who fails any part of the examination three (3) times, shall be required by the board to return to an accredited school for one (1) academic semester or term. The course of the one (1) academic semester or term shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

EXAMINATION REVIEW/APPEAL PROCEDURE

A candidate who fails any portion of the examination may request a review of the failed section(s) by submitting a written request within sixty (60) days of the date of the test result notification. The written review request must contain the candidate's: (1) full name; (2) address; (3) daytime phone number; (4) candidate ID number; (5) name and date of failed examination. The review request should be addressed to RDA Exam Review, Michigan Board of Dentistry, P.O. Box 30670, Lansing, MI 48909.

Upon receipt of a candidate's written request to review the examination, the candidate will be contacted to set up an appointment. Candidates are required to pay a $10.00 review fee. All reviews shall be conducted at least thirty (30) days PRIOR to the next examination administration. Candidates may review ONLY the section(s) failed and will NOT be allowed to remove any notes from the review session. No copies of the examination or other documents shall be made during the review. The candidate will be allowed one-half (½) of the total time allocated for the examination administration to review the examination(s).

After the review, the RDA Examination Committee will review all appeals, comments and documentation and will make a recommendation to accept or deny the appeal.

CLINICAL EXAMINATION

The clinical part of the licensing examination is designed to test the competency of the candidate through performance criteria in basic skills. Candidates may refer to this brochure as needed during the clinical examination.

PROFESSIONAL LIABILITY COVERAGE

You **must** obtain liability coverage in order to take the Dental Dam section of the Clinical Examination. If you are working in a dental office or if you have a "Student Liability Card", check immediately with the insurance carrier to see if the policy will cover you during the Clinical Examination. If it does, request a letter including the policy number, from the agent stating this fact. If you do not have liability insurance coverage, it is suggested that you obtain it at the **EARLIEST POSSIBLE DATE** to assure that you will receive the necessary proof in time for the Clinical Examination. If a candidate is unable to obtain the required dental liability coverage, the following organization may be contacted: Maginnes and Associates, Inc., 1-800-621-3008 (toll free number).

Any candidate who is an active member of the American Dental Assistant's Association is automatically covered by liability insurance. Your current ADAA membership card must be presented at the examination site. However, it is possible that student members may not be covered by the ADAA. Please contact your program director or instructor for additional information regarding liability coverage insurance. (This is not to be construed as a recommendation or approval of either type of liability insurance by the Michigan Board of Dentistry. This information is offered only as an aid to the candidate).

Proof of liability **MUST** be brought to the examination site. You will be required to show your proof of insurance BEFORE the clinical examination begins.

Liability insurance is **not** required if a candidate is **re-taking** only the Temporary Crown, and/or Amalgam Restoration sections of the Clinical Examination.

MODELS/CASTS

1. The candidate must use Model #3296 purchased from Viade Products for the clinical examination. It is also recommended that candidates purchase 1-2 extra prep teeth with the model.

2. The models must be ordered through Viade Products, 354 Dawson Drive, Camarillo, CA 93012. The phone number is 805-484-2114 or 805-484-4617; FAX number is 805-484-9285; and e-mail address is viade@aol.com. It is recommended that you contact your school program to purchase the specified model (#3296) in bulk. This will reduce the cost significantly. If ordered separately, the price per model will be around $100. If ordered in bulk, the price per model will be closer to $70. Additional prep teeth will cost about $2 each. Please contact Viade Products for exact ordering and price information. You must let them know that you need Model #3296.

   2006 Viade Model Update: Beginning January 2006, Viade model #3296 will no longer have the #19 MO Prep. Tooth #14 MO will remain the same and be used to complete the Class II amalgam restoration. Tooth #30 will be prepared for the temporary crown. Any Viade #3296 models ordered after January 2006 will also include an un-prepped (virgin) #30 to be used by candidates choosing to fabricate an acrylic custom temporary crown. All aspects of the acrylic custom temporary crown, including the preliminary impression, must be fabricated during the allotted examination time.

3. The casts may be used pre-exam for practice purposes. However, the casts should be in their box in an unaltered condition when brought to the examination site or the candidate may be disqualified on this section of the examination.

4. Casts submitted for grading become the property of the State of Michigan and cannot be returned to candidates. If you do not pass the Temporary Crown or the Amalgam Restoration, your model will be available for you at your re-examination. However, the prepped teeth that were used at the first examination will be removed and you will be required to bring new teeth with you.

ADDITIONAL INFORMATION

1. The candidate is to take his/her patient to the patient reception area **BEFORE** the candidate orientation.

2. Candidates are responsible for bringing their own supplies and materials. These may **NOT** be shared with any other candidate.

3. After the candidate orientation, the candidate is to sanitize and organize the assigned cubicle or unit before seating the patient.
4. The candidate is to have the following ready and in view before the examiner enters the cubicle:

    a. Candidate Photo Identification (driver's license, etc.)
    b. Examination Admission Letter
    c. Completed Patient Consent Form (attached to this brochure)
    d. Completed Patient Health Questionnaire (attached to this brochure)
    e. Completed Professional Liability Insurance Certification Form (attached)
    f. Models/Casts (out of box)
    g. Selection of Crowns - minimum of four (4) crowns suggested
    h. Dental Dam Material - minimum of four (4) sheets suggested

5. The candidate may be assigned the sequence of procedures (i.e. some may do the skills on the model first) to allow more efficient use of the examiner's time.

6. Materials MUST be checked and initialed by the examiner prior to starting the exam (e.g., casts, crowns, dental dam material). Do NOT begin any procedure until the examiner has initialed the materials. Noncompliance with the above will result in a failure for the procedure. Both the maxillary and mandibular casts (as well as their storage box) must be marked with the candidate's identification number and exam cubicle number. Make sure your name is **NOT** written on the model or the box.

7. The examiner will assign the area of the mouth for dental dam application. Not applying the dental dam to the assigned area will result in a failure for the procedure. If you have any questions, please ask your examiner.

8. All work must be done in the cubicle or at chair side (e.g., punching dental dam material, preparing crown).

9. Permission to use a non-aerosol and non-caustic topical anesthetic agent must be obtained from the supervising examining dentist.

10. When you are ready to have the examiner check the application of the dental dam, you must raise your hand and it will be checked. You must follow the same procedure after you have removed the dental dam.

11. After the examiner is called to the cubicle or dental chair by the candidate to evaluate a procedure, work may not be corrected or begun again (e.g., torn dental dam material can be replaced before the examiner is called to check the procedure, but not afterward).

12. There will be random double checks throughout the examination.

13. Candidates may NOT wear nametags.

14. The candidate is not to carry on conversations with candidates in adjacent cubicles or units.

15. The candidate is to remain in the cubicle or at the assigned unit and may not walk around the testing site.

16. The candidate may not be given any help by the patient or another candidate. A patient holding the corner of the dental dam during the application is acceptable. A patient may not give advice on how to perform a procedure.

17. Do **NOT** dismiss your patient until the examiner tells you to do so.

18. The candidate must leave the following completed forms and test materials in their assigned unit:

    a. Patient Health/Consent Form and Patient Health Questionnaire

    b. Used dental dam material, wrapped in a paper towel and placed in zippered plastic bag (provided).

    c. Maxillary and mandibular casts wrapped and replaced in their box (label casts and box with candidate identification number and exam cubicle number, only - Do not write your name on the cast or the box).

19. The candidate must write his/her candidate identification number **AND** cubicle/unit number on **ALL** forms and test materials collected by the examiner.

20. The candidate must leave the cubicle or unit neat and clean. All products must be removed and properly disposed.

DENTAL DAM APPLICATION AND REMOVAL

1. **PATIENT REQUIREMENTS**

    a. Eighteen (18) or more years of age

    b. At least eighteen (18) fully erupted teeth

    c. Good oral hygiene

d. The Patient Consent Form (attached to this brochure) must be completed and signed by the patient at the examination site. **The patient will <u>not</u> be acceptable if he/she presents with medical, health or tissue conditions that would contraindicate providing the dental procedure.**

e. The Patient Health Questionnaire should be completed <u>by the patient</u> PRIOR to the testing date and brought to the exam site. The Patient Health Questionnaire is printed on the last page of this brochure.

f. If health conditions exist which indicate a need to consult the patient's physician, the candidate must obtain current, written clearance from the physician before the patient will be accepted. This written clearance must be presented to the examiner prior to beginning clinical procedures.

g. Make sure the patient does not have a latex allergy or be prepared to use a non-latex dental dam and vinyl gloves.

h. The candidate must attend to the patient at all times during the examination. The clinical examiner must approve any exceptions.

i. The candidate must follow Center for Disease Control (CDC) guidelines for aseptic technique.

2. INSTRUMENTS AND SUPPLIES

The candidate must bring the following equipment and supplies to the examination site. Those instruments to be used in the patient's mouth <u>must be sterile</u>.

a) mouth mirrors (2)
b) napkin chain
c) cotton forceps
d) dental dam punch
e) dental dam material
f) dental dam forceps
g) dental dam frame or holder
h) selection of molar clamps
i) scissors - crown & collar
j) saliva ejector
k) dental floss/tape
l) lubricant
m) paper supplies
n) face mask/shield
o) disposable gloves
p) protective eyewear
q) instruments for inverting dental dam material

3. PREPARATION FOR APPLICATION OF DENTAL DAM

a) The examiner will initial four sheets of dental dam material before the candidate begins this procedure.

b) The examiner will ask the candidate which quadrant she/he wishes to isolate. If the designated quadrant is acceptable, the examiner will assign that area for dental dam isolation. However, the examiner has the discretion to assign any quadrant.

c) Examples of quadrants that would be **unacceptable** are: no adjacent teeth; fixed bridge in the area; large carious lesions on the buccal surface of the tooth that is to be clamped; or soft tissue lesions in the area.

d) Isolation of the teeth must extend from a first or second molar to the central incisor or canine of the opposite side.

e) The candidate will isolate the assigned teeth with a sheet of dental dam material. Method of application is optional as long as a clamp is used. A clamp must be used.

f) Authorization for use of a topical non-aerosol and non-caustic anesthetic agent to place the dental dam clamp must be obtained from the supervising examining dentist. Check with your examiner before using a topical non-aerosol anesthetic solution.

4. EVALUATION CRITERIA

Application:

1. Clamp stable/ligated on the most posterior anchor tooth. For the safety of the patient, if a clamp is used, floss must be tied to it prior to being tried in the patient's mouth. The correct clamp must be stable. If the clamp pops off after a gentle touch, it is unacceptable.

2. Dam properly punched. Leakage caused by improper placement or size of the holes is unacceptable.

3. Inverted and/or ligated to prevent leakage. The dental dam must be inverted around each tooth to prevent leakage. If this is not possible, a ligature may be tied around one or more teeth. It is unacceptable if the area is not dry.

4. Frame properly placed. A frame that is slightly off-center would not indicate an unacceptable score. However, if there is a danger of the post hitting the patient's eye or if it is placed in such a way that it hinders access to treating the tooth, it is unacceptable.

5. Stabilization. Ligation or an alternate means is necessary to anchor the dam on the distal contact of the most anterior anchor tooth. If the dam does not stay in place, it is unacceptable.

6. Dam placement. A slightly off-centered dam would not indicate an unacceptable score. Examples of unacceptable placement would be a dam that covers the nose or a dam that does not cover the upper and lower lips. Isolation of the teeth must extend from a first or second molar to the central incisor or canine of the opposite side.

Removal:

7. Soft Tissue Condition. It will be necessary for the examiner to use his/her judgment in determining if there is excessive soft tissue trauma. Gingival trauma and patient discomfort should be minimal.

8. Contacts and Sub-gingival Area Free of Material. The oral cavity and dental dam material should be inspected for any missing pieces. All material (i.e. dental dam, floss, etc.) must be removed from between the contacts and sub-gingival area. It is unacceptable if material remains in the patient's mouth.

9. Aseptic technique observed according to OSHA and CDC guidelines.

The candidate must satisfactorily complete seven (7) out of the nine (9) criteria listed above to pass this section of the test. Criteria #1 and #8 **MUST** be acceptable to pass this section of the Clinical Examination. The patient may not be dismissed until the examiner has completed the evaluation of criteria #1 - #9. The examiner will dismiss your patient.

The examiner will retain the dental dam material. **WRAP THE DENTAL DAM MATERIAL IN A PAPER TOWEL AND SEAL IT IN THE STORAGE BAG (PROVIDED) AFTER THE EXAMINER HAS CHECKED YOUR PATIENT.**

PLACEMENT OF TEMPORARY CROWN

1. **INSTRUMENTS AND SUPPLIES (each candidate must bring their own)**

a) mouth mirror
b) explorer
c) cotton forceps
d) scissors - crown and collar
e) spatula(s)
f) temporary cements, acrylic resins
g) glass slab and/or waxed pads
h) disposable gloves
i) appropriate instruments for placing temporary crown
j) acceptable selection of temporary crowns for prepared teeth
k) Viade Products Model #3296
l) If preparing an acrylic custom temporary crown, the candidate must bring the un-prepped #30 tooth and a Dremel® or similar battery operated rotary instrument.

2. SET-UP PROCEDURES

a) The candidate identification number and exam cubicle number must be placed on the outside of the box and on both the mandibular and maxillary casts. A permanent marker will work on the casts.

b) Casts and crowns must be out and available for the examiner's identification before the candidate begins the procedure.

c) The candidate will place a temporary crown on the prepared tooth. The correct size crown must be chosen or fabricated and the crown must be cemented onto the tooth with temporary cement.

If the candidate chooses to construct acrylic custom temporary crown, all aspects of the crown, including the preliminary impression, must be fabricated during the allotted examination time. The candidate must provide all necessary armamentarium.

d) After the exam, the candidate will secure both casts in their box. The examiner will collect the casts.

3. EVALUATION CRITERIA

1) Crown Selection. Must fit mesiodistally. It is acceptable if it is too wide bucco-lingually. (Please note: The crown does not necessarily have to be a five-cusp crown, but must be a mandibular right molar crown with the buccal surface facing the cheek. Preformed, preformed with acrylic lining, and acrylic temporary crowns are all acceptable.)

2) Proximal Contacts. There must be <u>visual</u> contact with the adjacent teeth. (**Please note**: The use of dental floss may cause an open contact that will be unacceptable.)

3) Adaptation of Margins. The crown margin should be at or no more than 1 mm occlusal to the margin of the preparation with a cement line of no more than 1 mm. Crowns extending apical to the margin are unacceptable. Cement must be removed from the crown, the gingival area and the adjacent teeth.

4) Finish. Voids in crown surfaces and/or margins and in the cement line are unacceptable. The surface of the temporary crown and margin should be smooth and well adapted to the contour of the tooth.

5) Occlusion. Cast will be hand articulated in centric occlusion with the opposing arch.

The candidate must satisfactorily complete four (4) of the five (5) criteria listed above. Proximal Contacts, criterion 2, <u>MUST</u> be acceptable to pass this section of the examination.

PLACEMENT OF CLASS II AMALGAM RESTORATION

1. **INSTRUMENTS AND SUPPLIES (each candidate must bring their own)**
   a) mouth mirror
   b) explorer
   c) cotton forceps
   d) disposable gloves
   e) appropriate instruments and armamentarium for placing an amalgam restoration for a Class II cavity preparation
   f) Unidose amalgam capsules
   g) Viade Products Model #3296Amalgamators will be provided and shared with other candidates at the exam

2. **SET-UP PROCEDURES**

   a) Make sure the casts and box are identified and available as specified in the other procedures

   b) The candidate will place an amalgam restoration for a Class II cavity preparation.

   c) The candidate must and secure both casts in their box. The examiner will collect the casts.

3. **EVALUATION CRITERIA**

   1) Margins. There is no void at the cavosurface margin between the restoration and the tooth.

   2) Contact. There must be visual contact with the adjacent tooth. Contact must be established in the correct area with adjacent tooth.

   3) Contour. Contour must be established to approximate the original contour of the tooth.

   4) Marginal Ridge. The marginal ridge should be the same height as the adjacent tooth and must be undamaged.

   5) Surface. Surface of the restoration should be smooth.

   6) Occlusion. When models are articulated, the restoration should be carved to normal centric occlusion (detailed anatomy not required).

The candidate must satisfactorily perform four (4) out of the six (6) criteria listed above to pass this section of the examination. Contact, criterion 2, and Marginal Ridge, criterion 4 MUST be acceptable to pass this section of the examination.

WRITTEN EXAMINATION

The Written Examination consists of approximately one hundred and twenty-four (124) test items/questions. You will be given 2 hours to complete the exam. The test items evaluate the candidate's knowledge in eight (8) categories. The candidate will be expected to have a basic knowledge of normal vs. abnormal conditions present in the oral cavity. This may include naming a condition from a description.

The following chart identifies the eight (8) categories, and the number of test questions assigned to each category. A more detailed description of the categories is available in the format of a task list. One may obtain this task list by making a written request to the following address: RDA Exam Information, Michigan Board of Dentistry, P.O. Box 30670, Lansing, MI 48909. The request may also be faxed to 517-373-2179 or e-mailed to bhphelp@michigan.gov. The task list is also available on-line at www.michigan.gov/healthlicense under “Dentistry” and “Licensing Information”.

TEST SPECIFICATIONS FOR RDA WRITTEN EXAMINATION

CATEGORY	# OF QUESTIONS
DATA COLLECTION & RECORDING: Obtain & record medical/dental history; Identify, describe & chart soft tissue, teeth and related conditions; Diagnostic aids; Vital signs	**10**
PATIENT MANAGEMENT, EDUCATION, & COMMUNICATION: Pre/post treatment instructions; Oral health instructions; Answer patient questions	**3**
PREVENTION OF DISEASE TRANSMISSION: Sterilization; Disinfection; Implement procedures to prevent disease transmission	**8**
PREVENTION & MANAGEMENT OF EMERGENCIES: Recognize patient signs, symptoms, & conditions; Perform office emergency procedures; Assist in management of office emergencies	**3**
OCCUPATIONAL SAFETY: Use safety measures when handling emergencies	**7**
LEGAL ASPECTS OF DENTISTRY: Obtain & document records; Maintain legal responsibilities; Prevent lawsuits; Maintain right to privacy; Recognize state dental law	**8**

DENTAL RADIOGRAPHY: Expose & evaluate films/radiographs; Process (both manual & automatic); Mount & label; Identify and chart anatomical structures & questionable conditions; Principles of radiation protection & safety for patient and operator	**25**
INTRAORAL FUNCTION & PROCEDURES: Dental dam - Select, place, & remove; Topical fluoride - Select, prepare, apply, patient safety; Pit & fissure sealant - Select, prepare, apply; Temporary intracoronal restorations - Select, prepare, place, finish, remove; Temporary crown restoration - Select, prepare, place, remove; Topical anesthetics - Select, prepare, apply, patient safety; Suture removal - Select, prepare, removal, tissue status; Periodontal dressing - Select, prepare, adapt, remove, tissue status; Orthodontic procedures; Chair-side dental procedures; Placing/packing non-epinephrine retraction cords; Taking final impressions for indirect restorations; tooth desensitization; Placing dental liners/cements/varnishes; Drying endodontic canals with absorbent points; Placing & removing matrices & wedges; Pulp vitality testing; Place, pack & carve amalgam restorations	**60**
TOTAL EXAM	**124**

REFERENCES

The following suggested references are NOT intended to be all-inclusive.

Administrative Rules of the Board of Dentistry, promulgated under the authority of Act 368, P.A. 1978.

Ash, Major M. "Wheeler's Dental Anatomy, Physiology and Occlusion". Philadelphia; W.B. Saunders.

Craig, Robert G., et al. "Dental Materials. Properties and Manipulation." St. Louis; the C. V. Mosby Company.

Darby, Michele Leonardi and Walsh, Margaret M. “Dental Hygiene Theory and Practice”. Philadelphia; W.B. Saunders.

DeLyre, Wolf R. "Essentials of Dental Radiology for Dental Assistants and Hygienists". Englewood Cliffs, New Jersey; Prentice-Hall.

Fehrenbach, Margaret J. and Herring, Susan W. “Illustrated Anatomy of the Head and Neck.” Philadelphia; W.B. Saunders.

Finkbeiner, Betty L. and Johnson, Claudia S. “Review of Comprehensive Dental Assisting”. St. Louis; Mosby-Year Book Company.

Fried, Lawrence. "Anatomy of the Face, Jaws, Head and Neck". Philadelphia; Lea and Febiger.

Frommer, Herbert H. "Radiology for Dental Auxiliaries". St. Louis; C. V. Mosby.

Gilmore, Lund, Bales and Veonetti. "Operative Dentistry".

Hatrick, Eakle, and Bird. “Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists”. Saunders, 2003

Hirsch, S. and Ostrofsky, M. "Dental Assisting Review". Arco Publishing, Inc.

Kraus, B.S., Jorden, E., and Abrams, L. "Dental Anatomy and Occlusion". Baltimore; The Williams and Wilkins Co.

Malamed, S.F. "Handbook of Local Anesthesia", C. V. Mosby Co.

Miles, VanDis, Jenson and Ferretti, "Radiographic Imaging for Dental Auxiliaries." W. B. Saunders Co.

Phinney, DJ and Halstead, “Dental Assisting: A Comprehensive Approach”. Delmar

Roberson, T.M., Heymann, H.O., and Swift, E.J., “Sturdevent’s Art and Science of Operative Dentistry”. Mosby

Torres, Hazel O. and Ehrlich, Ann. "Modern Dental Assisting: Philadelphia; W.B. Saunders.

Walker, S. "Comprehensive Review of Dental Assisting". Wiley and Sons Publishing, New York

Wilkins, Esther. "Clinical Practice of the Dental Hygienist". Philadelphia; Lea and Febiger.

Woodall, I. "Legal, Ethical and Management Aspects of the Dental Care System". C. V. Mosby Co.

Zwemer, Thomas J. "Boucher's Clinical Dental Terminology, 4th Edition, St. Louis; C. V. Mosby Co.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

BOARD OF DENTISTRY
REGISTERED DENTAL ASSISTANTS EXAMINATION

PROFESSIONAL LIABILITY INSURANCE CERTIFICATION

CANDIDATE NUMBER _____

I, _____, certify that I am a current member of the American Dental Assistants Association (ADAA) and/or presently have Dental Liability Insurance. This liability insurance policy covers treatment to be administered by me to any person or persons during the Registered Dental Assistants Examination on this date. I will do nothing during the duration of this exam to cause this insurance to expire, lapse, or terminate. If, for any reason, this policy ceases to be in force during this examination, I will immediately notify the examiner(s).

* * Please note that either the policy number must be completed OR active membership in ADAA must be indicated.

Name of Insurance Carrier _____

Policy Number _____

Today's Date _____

Signature _____

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

BOARD OF DENTISTRY
REGISTERED DENTAL ASSISTANTS EXAMINATION

PATIENT CONSENT FORM

Candidate Name _____ Date _____

PATIENT'S NAME _____

PATIENT'S ADDRESS _____

_____

DESCRIPTION

The Registered Dental Assistant's Examination, administered by the Michigan Board of Dentistry and the Michigan Department of Community Health, requires a demonstration of procedures by the candidate. The procedures to be done include placement and removal of a dental dam. Each candidate will perform these procedures under the general supervision of a dentist and will be graded on the results.

CONSENT

I hereby consent and give permission to _____, a candidate for Registration as a Dental Assistant, while working under a licensed dentist's supervision, to perform the above procedures (dental dam placement and removal) upon me. I understand that I will not be receiving any completed dental care; that I am participating as a subject only for demonstration of the listed procedures. I have no health conditions that will adversely affect myself, the candidate, or the examiners while participating in the examination.

NOTICE – WAIVER

I have been informed that the risk of injury that may result from the above procedures is essentially the same as the risk that is encountered in a licensed dentist's office. In case of an emergency, I agree to receive any emergency care as provided by the candidate, examiner, or other emergency team of hospital staff.

I therefore, knowingly and consciously waive all rights of action which may occur either during this examination or as a consequence thereof against this examination site, the candidate, the examiners, the supervising dentist, the Michigan State Board of Dentistry, the Department of Community Health, and the State of Michigan.

Patient's Signature _____

Witness' Signature _____

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

BOARD OF DENTISTRY
REGISTERED DENTAL ASSISTANTS EXAMINATION

PATIENT HEALTH QUESTIONNAIRE

(FOR DENTAL DAM PORTION OF EXAM ONLY)

_____

Patient's Last Name First Name Middle Initial

Please circle the correct response to the following questions (Yes, No or Don't know).

Do you have or have you had any of the following:

1. Rheumatic Fever? . . . . . Yes No Don't Know
2. Hypertension (High Blood Pressure)? . . . . . Yes No Don't Know
3. Heart Attack, Irregular heart rate, Damaged Heart Valves or Angina? . . . . . Yes No Don't Know
4. Heart Murmur?. . . . . Yes No Don't Know
5. Blood Disorders such as Anemia or Hemophilia?. . . . Yes No Don't Know
6. Hives or a Skin Rash . . . . . Yes No Don't Know
7. Have you ever had a reaction to any drugs . . . . . Yes No Don't Know
   If yes, which drugs?
8. Do you have any allergies or latex sensitivity?. . . . . Yes No Don't Know
   If yes, what are you allergic to?
9. Have you ever had an artificial joint placed? . . . . . Yes No Don't Know
10. Physician's Name: _____
    Address: _____
    Phone Number: _____

I certify that to the best of my knowledge the above information is complete and accurate.

Patient's Signature: _____ Date: _____